

HISTORY FACILITY PROFILE

APPLGATE HOME HEALTH
 565 EAST 4500 SOUTH, SUITE A-220
 SALT LAKE CITY UT 84107
 STATE'S REGION CODE: 001

PROVIDER #: 467025
 PHONE NUMBER: (801) 261-3023
 PARTICIPATION DATE: 02/27/1984

TYPE ACTION: RECERTIFICATION
 TYPE FACILITY: OFFICIAL HEALTH
 TYPE OWNERSHIP: PROPRIETARY

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

CURRENT SURVEY REVISIT DATES -

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
07/1997	06/1998	05/2001	04/11/2002		
X					G0107-HHA INVESTIGATION OF COMPLAINTS REGARDING TREATMENT/CARE
X					G0159-PLAN OF CARE COVERS DIAGNOSES, REQUIRED SERVICES, VISITS,
X					G0163-PLAN REVIEWED BY PHYSICIAN/HHA PERSONNEL AT LEAST EVERY 6
	X				G0175-RN INITIATES APPROPRIATE PREVENTIVE/REHABILITATIVE NURSIN
	X				G0176-RN PREPARES NOTES, COORDINATES, INFORMS MD, OTHER STAFF O
			X C	05/30/2002	G0230-SUPERVISORY VISITS IF NO SKILLED CARE NO LESS THAN ONCE E

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
STANDARD	1	0	2	3
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	0
HEALTH TOTAL	1	0	2	3

 STATUS OF DEFICIENT COPS
 CURRENT SURVEY

	DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
COP	0	0	0

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
03/06/2001	SUBSTANTIATED
05/29/2001	UNSUBSTANTIATED
02/25/2002	UNSUBSTANTIATED
11/07/2002	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
 COP = CONDITION REQ = REQUIREMENT